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ABSTRACT

This document contains the report of an Illinois task force formed to examine issues that make it different to grow older as a woman than as a man and to develop a set of recommendations to help meet the needs of women in Illinois. The focus is on housing, health care, and economic security of older women. It is noted that over 1,300 older women attended public hearings, speak-outs, and roundtable discussions, and that testimony and survey responses from these women revealed that lack of financial security and a fear of the inability to pay for housing and health care in their later years were major concerns. The report is divided into sections which examine differences between older men and older women. A section on income differences between older men and women looks at the poverty rate, the relationship between age and poverty, public assistance, supplemental security income, work experiences, social security, and pensions. An examination of living and housing arrangement differences between older men and older women explores urban/rural differences, living alone, owning one's home, renting, and institutionalization. A section on health and health care differences between older men and women discusses accessible, affordable health care; needs for long-term care; the older woman as caregiver; older women and chronic long-term illness; and mental health. A conclusion and recommendations are included. Listings of the Illinois Task Force on the Status of Older Women members and selected data sources are appended. (NB)

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The Status of Older Women in Illinois Today

A Report by The Task Force on Older Women

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For many older women in Illinois old age is a test of courage

Acknowledgment

The Illinois Council on Aging and the Illinois Department on Aging acknowledge with thanks the willingness to serve, special interest and considerable efforts of members of the Task Force on Older Women in Illinois which has led to this significant report on the Status of Older Women in Illinois.

How do we help older women live in this real world we live in?

Special Thanks to The Sophia Fund for making this publication possible.

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For many older women in Illinois old age is a test of courage.

Older Women in Illinois — Why They Have Special Needs

Task Force on the Status of Older Women in Illinois

There are 765,950 older women 65 years of age and older in Illinois. They make up 60 percent of all persons in that age group in Illinois. In November of 1985, the Illinois Council on Aging and the Illinois Department on Aging made a commitment to reach out to and learn more about older women in Illinois who experience serious difficulties in life as they grow older. As a result, a Task Force was formed to examine the status of older women in Illinois. The purpose was to examine issues that make it different to grow older as a woman than as a man and to develop a set of recommendations for the Task Force, the State of Illinois Council on Aging, the Illinois Department on Aging, and the Governor, which would provide means of meeting some of the special needs of women in Illinois. Appointed by the Illinois Council on Aging, the Task Force included twenty-one women and three men from various parts of the state.

Speak-Outs and Public Hearings

Locations: From December of 1985 to April of 1986, the Task Force held a series of 23 hearings, speak-outs, and roundtables around the state. To begin its mission, the Task Force held two public hearings, one in Springfield and one in Chicago. During the six months, twenty-one other sessions were held in both urban and rural areas of Illinois. Seven were held in Chicago including minority representation from the Black community as well as speak-outs in Chinatown and in the Hispanic community. In Chicago's surrounding suburbs, speak-outs were in Evanston, Winnetka, LaGrange, and Waukegan. Elsewhere in Illinois speak-outs were held in E. St. Louis, Jacksonville, Mt. Vernon, Hillsboro, Tremont, Granite City, Peoria, Lake Villa, Quincy, and Rock Island.

Attendance and Survey Questionnaire: Over 1,300 older women atended these speak-outs and public hearings. Many took the opportunity to voice their thoughts about growing older as a woman. Time was taken to carefully listen to their concerns and also to design a survey which was distributed at the sites. The findings helped the Task Force to better understand their concerns. Social service and health care providers for the elderly offered compelling testimony about the real differences they see between the older men and women they serve.

Three Major Concerns of the Task Force

The Task Force focused particular attention on the Housing, Health Care, and Economic Security needs of older women. It was discovered that being old, poor, and a woman increases an older person's jeopardy in that many older women have limited income, housing and health care options. It is clear that income, housing and health concerns are interrelated — the major theme that ran through the concerns of most of the older women was their lack of financial security and their fear of the inability to pay for housing and health care in their later years.

Long life is a plus, but there are some minuses.

Overview of the Differences Between Older Men and Women

The testimony and survey responses reinforced some of the key facts known about older women. Namely, that aging has increasingly become a woman's issue in Illinois and in the nation as a whole. Sixty-one percent of Illinois' elderly population are women. Moreover, women make up a larger percentage of the population as they grow older. In Illinois, census figures tell us at the age of 65-69 women represent 56 percent of the population; from 70-74, they are 60 percent; and at age 75 and over, women are 66 percent of the elderly population. National census figures show that at age 85 and over, women comprise 71 percent, or almost three out of four elderly. Additionally, women live longer than men, with women having an average life expectancy of 78, while for men it is only 70. Because women live longer, their financial, health, and housing needs are extended beyond those of most men.

Throughout the Task Force's study, it became increasingly clearer that there are significant differences between older men and women. Not only do women live longer than men, they are more likely to live alone and in poverty. In Illinois, 38 percent of women live alone as compared to only 15 percent of older men. The feminization of poverty in the nation reflects the experience of the older woman of Illinois; the data reveal many older women who live alone in Illinois live in poverty.

The Task Force discovered that being old, poor, and a woman increases an older person's jeopardy in that many older women have limited income, housing, and health care options. Task Force survey results revealed that 48 percent of the older women surveyed ranked health care as their number one concern — especially the **cost** of health care. Thirty-five percent said Economic Security (income) was the first of their concerns, while 17 percent said Housing concerns were their first priority. An overwhelming majority felt that the common thread running through their concerns was a lack of financial security.

The older woman in Illinois is often in serious economic and social need. The Women's Research and Education Institute in Washington tells the plight of older women is similar on a national scale. "By every economic measure, women are more deprived in their later years than are men." For some women this is the outgrowth of a lifetime of economic insecurity resulting from poor education, poor access to employment, ill health, and minority status. For others, financial insecurity has come either as a result of the loss of a spouse, of a job, of one's extended family or friends, or

As one older woman put it, "Old age is not for sissies."

simply from outliving one's resources. Long life is a plus, but for many older women there are significant minuses as well. As one older woman told the Task Force, "Old age is not for sissies." For many older women in Illinois old age becomes a test of courage.

Income Differences Between Older Men and Women

Old age has been called the great equalizer, but this is clearly not the case when we examine the income differences between older men and women in Illinois. The incomes of older women are substantially less than those of older men — with older women receiving, on the average, half the retirement income of older men. This is mostly due to the fact that older women receive lower average Social Security benefits, fewer pensions than men, as well as having had lower earning power than men throughout all age groups.

The median income of older women is 56 percent the median income of older men. More specifically, in 1983 the older single women over 65, who lived alone or with non-family members, had a median income of $6,938 while the median income of elderly couples or families headed by an elderly person was $16,862. In Cook County, Illinois the median annual income for unrelated older women was $5,265, while for older unrelated men it was $6,097.

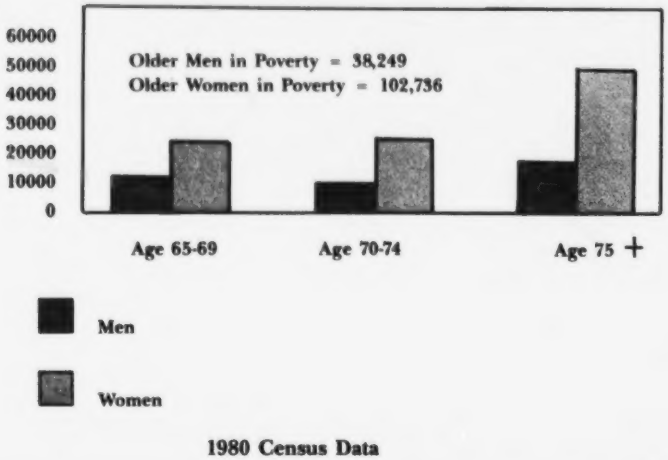
National figures reveal that in 1983, over 44 percent of elderly women had annual incomes less than $5,000, in contrast to only 20 percent of men over 65. Conversely, 16 percent of elderly men have incomes greater than $20,000, in contract to 5.8 percent of women over 65.

• The Face of the Elderly in Poverty Is a Woman's Face

Women are over represented among the elderly poor in Illinois. Women represent 61 percent of the population over 65, but account for fully 73 percent of the elderly below the poverty level, which in 1985 was $5,250 for a single person and $7,050 for a married couple. On a national level, in 1983 older women made up to 71 percent of those elderly below the poverty level.

Overall, 14 percent (102,736) of women over 65 in Illinois are in poverty compared to only 8 percent (38,249) of older men. As telling as the percentage differences are, the real disparity is revealed in the actual numerical differences. Because of the over-representation of women in the elderly population, the higher **percentages** of women in poverty reveal an even disproportionately higher **number** of women than men in poverty.

Older Men & Women in Illinois in Poverty



1980 Census Data

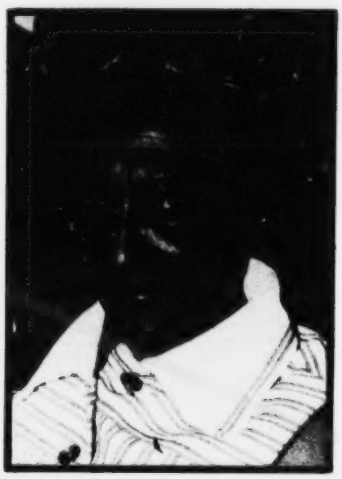
Being old, poor, female increases the degree of jeopardy — issues of income, health and housing are inter-related.

• Minority Older Women Have Highest Poverty Rates

The 14 percent overall poverty rate for older women is an average rate and distorts the picture of older minority women in poverty. The majority of older women are white, and their poverty rate of 13 percent is the closest to the average. Older **Asian** women are slightly above the average with a rate of 15 percent. However, one out of three **black** women (34 percent) are below the poverty level in Illinois. The National Caucus and Center on Black Aged in Washington, D.C. points out that, in 1983, 42 percent of older **black** women across the country were living in poverty, and 63 percent of older **black** women who lived alone or with non-relatives were below the poverty level. In Illinois, one out of four **Hispanic** women (24 percent) are below the poverty level.

• More Older Women Than Men Live Near The Poverty Level

Many older women who do not live below the poverty rate, nevertheless, hover close to this low standard of living. 53 percent, or one out of three older women in Illinois have incomes at 150 percent of the poverty level. This means 216,569 older women in Illinois had incomes of only $7,875 for a single person — or $656 a month. In contrast, only 19 percent (92,327) of older men in Illinois had incomes at 150 percent of the poverty level. In other words, older women are **almost two and one half times** as likely as older men to have these lower incomes. **White** and **Asian** women were slightly better off, with only 28 percent of white women and 27 percent of Asian women having incomes at only 150 percent of the poverty level. In fact, 53 percent, or one out of two **black** women, and 38 percent, or one out of three **Hispanic** women, have incomes of $7,875 or less.



A minority older woman, particularly the black woman, is the poorest of the poor elderly.

Median Income of Men and Women Over 65 Who Live in Illinois

	Median Income of Men	Median Income of Women
Median Income of Those Over 65	$8,026	$4,176
	Men	**Women**
Racial Groups Over 65		
White	$8,461	$4,360
Black	$4,794	$3,088
Asian and Pacific Islands	$5,541	$3,157
Spanish Origin	$5,138	$2,788

Source: 1980 Detailed Population Characteristics of Illinois Volume #2, Table #234.

• In Illinois the Poorest Are the Oldest

Not only is the likelihood of poverty greater for older women, and especially minority older women, but a woman's chances of living in poverty increase as she grows older. The poorest of the elderly are women over 75 years of age.

The data indicate that, if a women has been poor throughout her younger years, poverty will only intensify as she grows older. It is especially true that older minority women suffer most. Thirty-two percent of **black** women at age 65-69 are below the poverty level, while 23 percent of older **Hispanic** women 65-69 in Illinois are below the poverty level. For older **white** and **Asian** women the rates are lower with only nine percent of white women and 11 percent of Asian women being below the poverty level at 65-69. At age 75 and over, however, the rates go up sharply for all women, from 16 percent for white women, 25 percent for Hispanics, to 36 percent for black women.

• More Older Women Are On Public Assistance

With such large numbers of women below the poverty level, it is clear why many of the elderly on public assistance are women. In fact, 1982 nationwide figures show 67 percent of the elderly population who received any form of public assistance were women. Women accounted for nearly 75 percent of the elderly who received SSI (Supplemental Security Income). In Illinois today there are approximately 36,000 older food stamp recipients, the majority of whom are women. Fifty-six percent of elderly households receiving Medicaid were women's households. And finally, of elderly households in some form of assisted housing, 75 percent were women's households.

• More Older Women Receive Supplemental Security Income

Supplemental Security Income, a federally financed and administered program, provides cash assistance to those not covered by Social Security or to those who may need to supplement minimal Social Security benefits. In 1986, the maximum supplemental security benefit was $336 per month. The typical profile of an aged SSI recipient is a low-income woman over age 75 who maintains her own household and lives alone. Nationally, according to the Older Women's League of Washington, DC., two-thirds of all aged SSI recipients are over 75, nearly three-quarters of them being women. Illinois figures reveal slightly higher percentages of older women receiving SSI benefits, where in December of 1985, 31,105 Illinois elderly received the aged federal SSI benefit; 23,963 or 77 percent of them were women.

The state financed AABD program (Aid to the Aged, Blind, and Disabled) in Illinois supplements the federal SSI program (Supplemental Security Income). The average state supplement in Illinois in 1985 was $60. In Illinois there were 98,085 elderly who received an AABD cash grant and/or medical assistance; **74 percent** (72,675) were women. While women account for only 61 percent of the elderly population, they account for 74 percent of those receiving Supplemental Security Income — the public assistance for the elderly.

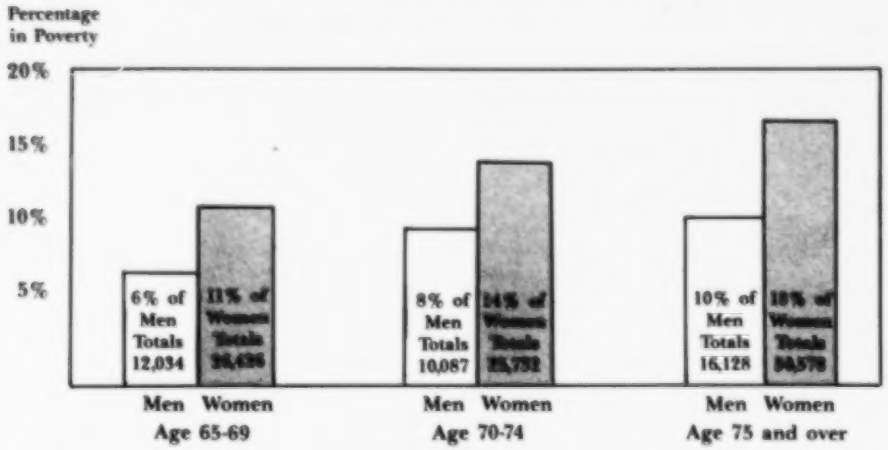
The poorest are the oldest.

And yet, there are many more older women who are eligible to receive this assistance in Illinois, and who do not. A study contracted by the Social Security Administration in 1983 showed one-half of the persons who were eligible for SSI had never heard of the program. Almost 80 percent of those eligibles not receiving SSI were women. Congressional testimony about Supplemental Security Income from OWL, the national Older Women's League, offers some telling commentary: "There are millions of elderly, a disproportionate share of them older women, for whom SSI was intended, but who are not served by the program. The Older Women's League believes that untold thousands of women forego SSI as a source of much needed retirement income because the thought or the experience of applying for a "welfare" program brings such a sense of failure and humiliation.

Percentages of the Illinois Elderly in Poverty By Sex and Age

The 1985 Poverty Level for an: Older Person Living Alone = $6,563
Older Couple Household = $8,813

Total Number of Older Men in Poverty in Illinois = 38,249
Total Number of Older Women in Poverty in Illinois = 102,736



• Different Work Experiences of Women Lead to Low Incomes for Them

The different work patterns of women greatly influence the level of benefits they will receive in their older years. Women make up an ever increasing percentage of the work force in Illinois and across the country. Yet, their overall earning power is still only 63 percent that of men. Older women workers only earn 59 percent of income of men. This lower earning power throughout the younger working years translates to lower retirement benefits for women. Lower earning power is due in part to sex discrimination evidenced by the low concentrations of women in high paying jobs, and the failure of society to pay comparably for jobs that have higher concentrations of women.

Old age has been called the great "equalizer" — but some are more equal than others.

Studies show that age discrimination is more of a problem for older women than older men in that older women who want to stay at work or return to work are more likely than older men to encounter resistance. Women are more often the victim of "ageism," negative stereotypes that question the ability of older people to continue to perform as well as younger workers. However, Operation ABLE, a national organization promoting the older worker in employment headquartered in Chicago, calls attention to a recent survey of major corporate Human Resource Directors in their testimony at the Chicago Public Hearing. The survey highlighted the fact that employers found no productivity differences between younger and older workers. The Task Force on Older Women found that many older women need to work in order to supplement their low retirement incomes, and yet they, more than men, must deal with the realities of both age and sex discrimination in employment.

• Work Patterns of Women Affect Their Social Security Benefits

Married women in their younger years often leave the job market to raise children. However, the years of working as a homemaker earn no credit toward Social Security benefits in later years. Social Policy that claims a woman's place is in the home, while providing income and security only for those who work outside the home, is a trap. Many women who leave the job market to raise a family become reliant on their husband's work history for their future Social Security benefits.

• More Older Women Rely on Social Security as Major Source of Income

National figures tell us older single women, as a group, rely more heavily on Social Security benefits as their major source of income than do older single men or married couples. Social Security benefits are directly tied to an older person's work history. For women, more so than men, marital status has an effect on their Social Security income in later life. Seventy-four percent of older single women depend on Social Security benefits for at least half of their retirement income. In contrast, only 66 percent of older single men, and only 53 percent of married couples, have half of their income from Social Security benefits. This puts women in double jeopardy because, not only do they have a greater reliance on Social Security benefits as the single largest source of their income, but they also have lower average benefits than those of men.

• Low Social Security Benefits for Older Single Women

Single women with their own work history can get less Social Security benefits than do married or widowed women who may not have worked. This is true because married women have the option of receiving benefits from their own work history or 50 percent of their husband's benefit. Since women's wages are currently 63 percent of men's wages, the older married woman who chooses to claim dependent status on her husband's can receive more than a single woman with her own work history.

It is the older widow who has the most precarious financial position, because she is receiving benefits from her deceased husband's work history whose wages were much lower than today's scale. In Illinois, one out of two women over 65 are widows, with the average age of a widow being 57 years old. Given the average life expectancy for women of 78 years, if a widow does not remarry, she will probably live alone for another 21 years. Most widows who live alone have much lower benefits than those of wives of retired living spouses. In 1982, the average benefit of an elderly widow was $379. In contrast, an older married woman received an average of $213 (50% of her husband's primary benefit) for a total of $639 for the couple.

Older divorced women have even fewer resources than wives of retired workers or widows. Although divorced women are currently a minority among older women (only 4 percent), their lower benefits are cause for great concern because of the increasing divorce rate for the younger population. In 1980, divorced wives of retired workers averaged only $177 a month in Social Security benefits. This lower average benefit is due to the fact that women must be married at least 10 years (formerly 20 years) before they can qualify to receive 50 percent of their ex-husband's award.

The face of the elderly in poverty is a woman's face.

• Fewer and Lower Pensions for Older Women

Many elderly do not receive any pensions, but, for those who do, men outnumber women! Only 21 percent of older women, in contrast to 40 percent of older men, receive pensions. The one out of five older women who do have pensions receive, on average, $233 a month — half the average monthly pension amount of men.

Because of the different work patterns of women, they are at a greater disadvantage than men to receive pensions. Women are more heavily concentrated in low paying jobs, they change jobs more frequently than do men, and they often take time off paid employment to care for their children or ill family members. Since pension plans are designed to reward long-term high-paid workers, they are more likely to deliver benefits to men whose work patterns conform to this design.

• Some Progress in Pensions

The federal Retirement Equity Act (REA) of 1984 made a number of significant steps toward making pension laws more equitable for women. Before the REA, a widow received nothing from her spouse's pension if he died before the date of early retirement, which is age 55 under most retirement plans. Now employees who have earned the right to a pension will automatically make their spouses eligible for survivor benefits, and both spouses must agree in writing before survivor benefits can be waived by the worker. The Retirement Equity Act not only helps widows, but divorced women and all women who are currently in the labor force.

This Act requires that pension plans honor pension awards made by divorce courts. It also provides that, if a worker leaves employment and returns within 5 years, the pension credits earned before the break are not lost. A year of maternity or paternity leave does not count as an interruption of employment. These changes in eligibility and "break in service" rules will be very helpful to women.

Living and Housing Arrangement Differences Between Older Men and Women

• Urban/Rural Differences of Older Women in Illinois

When considering the living arrangement and housing needs of older women, it is important to see how they are dispersed throughout the urban and rural areas of Illinois. Sixty-nine percent of older women in Illinois live in urban areas, with 38 percent living in central cities and 31 percent living on the suburban fringe of cities. **White** women make up the greatest number of older women in the urban areas, but, of all the race groups (except for American Indians), whites have the smallest percentage of older women living in urban areas. In contrast, most of the elderly minority and ethnic women live in central cities. In fact, 98 percent of **black** women, 96 percent of **Hispanic**, and 96 percent of **Asian** women live in Illinois' urban areas.

You can provide all kinds of services in the community, but if no one knows about them — what good are they?

Fifteen percent of all older women in Illinois live in small towns — places of 2,500-10,000 people. Sixteen percent of them live in rural areas — places of less than 2,500 people. **White** women represent 118,244 of the 119,764 older women living in rural areas of Illinois. In contrast, only two percent of **black** women (1,231), four percent of **Hispanic** women (364), four percent of **Asian** women (158), and 21 percent of **American Indian** women (102) live in rural areas of Illinois.

Because of the elderly live in urban areas, it is clear why most of the programs for the elderly are focused on the needs of seniors in urban areas. However, the needs of the rural elderly, especially older women, are in need of greater attention. Income differences between rural and urban elderly are high. In 1979, national figures show that 21 percent of the rural elderly were below the poverty level in contrast to only 12 percent of urban elderly. Since older women have higher than average poverty rates, we can assume that older rural women have a poverty rate even higher than the average 21 percent for all the rural elderly.

● The Life of Rural Older Women

Illinois has 16 percent (119,676) of its older women who live in rural areas. The Task Force took considerable testimony from the rural older women. In the rural areas, distance is a major enemy of access to services, lower costs of services, information and referral, and communication. Human needs are universal, so it is that the needs, problems and concerns of the rural isolated older woman are not basically unlike those of all older women. The difference is in impact of need, greater shortages and longer waits for service help, increased costs of service and lack of information about needs and resources to help.

The rural elderly litany of problems includes lack of money, lack of transportation, lack of communication, affordable utility costs, lack of accessible affordable medical care, lack of home maintenance and repair, too little awareness of rural need and inadequate dissemination of information about available services.

● More Older Women Live Alone

In Illinois, 38 percent (289,270) of older women live alone, as compared to only 15 percent (75,298) of older men. In Illinois, 15,328 older women living alone have incomes of less than $2,000, in contrast to only 3,974 older men; almost five times as many women as men have incomes at this low level.

As women grow older there is an ever increasing chance of them living alone. National figures show us that, at age 75 and over, less than 25 percent of women live with their husbands, while almost 50 percent are living alone. Moreover, racial and ethnic differences in living arrangements can often be hidden in overall statistics of living arrangements for older women. Elderly black and Hispanic women, especially those over 75, are significantly less likely than white women to be living alone or with husbands, and more likely to be living with others.

Many older widowed women offered testimony at the speak-outs about the stress of managing financial matters and arranging for major home maintenance repairs when they had no past experience of doing that prior to their husband's death. Their testimony was heard as words of warning to younger married women to encourage them to adequately prepare to be the financial managers of their households.

Men and Women in Illinois 65 and Over Who Live Alone or With a Non-Relative And Are Below the Poverty Level — a Comparison

(1985 Poverty Level for Single Person Over 65 = $6,563)

	Men Below Poverty Level	Women Below Poverty Level
Total 65 and Over	18,091	79,949
Age Group	**Men**	**Women**
65 - 69	5,042	18,193
70 - 74	4,847	19,288
75 and over	8,202	42,468

Source: 1980 Illinois Detailed Census Population Characteristics Volume #2, Table #245.

Key questions: "Where do we go — how do we find out? How do we get there?"

• Fewer Older Women Homeowners

National figures reveal nearly two-thirds of all older women do own their own homes, which are likely to be single family dwellings. However, the percentage of women who own their own homes is significantly smaller for older minority women. Sixty-five percent of older **white** women own their own home, while only 55 percent of **black** women do, and only 38 percent of older **Hispanic** women are homeowners. In Illinois, women comprise 79 percent of elderly homeowners who live alone or with non-relatives.

Although the Task Force survey indicated 75 percent of older women who owned their own home had them completely paid for, homeownership was not necessarily a sign of economic security for older women. In fact, many older women homeowners are "house poor" — with nearly one-fourth living below the poverty level. Moreover, testimony revealed that many homes owned by the elderly are beyond repair and have so little value that they are eligible for modernization or rehab loans. Furthermore, even if women wanted to get a reverse mortgage (a bank takes a mortgage on the home and pays the owner an annuity), many of their homes have too little equity value for a bank to want to make that kind of investment. Testimony was held indicating that this might be true because the home was in disrepair, was located in a rundown neighborhood, was in a smaller town where industry and jobs had left.

Women homeowners who live alone or with non-family members represent only one-third of all elderly homeowners, but they account for more than half of all elderly homeowners who live in poverty. In 1981, the median value of houses owned by elderly women living alone was $39,600, in contrast to a median value of $53,300 for all homes. Older women are maintaining their homes on lower incomes than those of elderly couples or people of other age groups. The lower median value of houses owned by older women is due, in part, to the fact that these houses are older structures and often in need of serious repairs. The Task Force noted real estate taxes are a large burden for older women homeowners, with 40 percent of older women homeowners paying real estate taxes of over $1,000 annually.

• More Older Women Renters

In Illinois older women comprise 78 percent of elderly renters who live alone or with non-relatives. They also make up 80 percent of elderly renters who live with family members other than a spouse. National figures show that nearly one-third of all older women live in rental housing. Renters lack the equity in owning a home, they also have a lower median income. One-third of older women renters who live alone or with non-family members are below the poverty level. Living expenses such as rent, utilities, heating, and cooling take a large proportion of renter's income than homeowner's income.

Twenty-eight percent of all elderly female renters living alone in our country live in subsidized or publicly owned housing. The serious disrepair of some public housing developments reduce the number of units that could be made available to older women.

• More Older Women Live in Institutions, Homes for the Aged or Nursing Homes

Only five percent of all elderly live in nursing homes or homes for the aged. However, the majority of these are women. It is clear that the risk of institutionalization for women increases with advanced age. Since men tend to marry younger women and to die sooner than women, they are more likely to benefit from the care of their wives in their homes, which may delay or prevent institutionalization. In contrast, the longer life expectancy of women, which can often lead to frailty in later years, coupled with widowhood or the loss of other close family members, is associated with higher rates of institutionalization for women.

Health and Health Care Differences Between Older Men and Women

• Accessible and Affordable Health Care

Accessible, affordable health care was a major concern for older women in Illinois as evidenced by the Task Force survey results and speak-out testimony across the state. Because there are more women than men with lower incomes and inadequate retirement benefits, they are at greater risk of receiving inadequate health care. Older women at the speak-outs told the Task Force of how they often delayed going to the doctor because they could not afford the bills and the Medicare deductibles. Since women live longer, their health needs grow greater for longer periods of time. They have nagging concerns and anxieties about the rising cost of inpatient and outpatient medical care, as well as the rising Medicare deductibles. Many older women living below the poverty level are not eligible for Medicaid, without large spend down of their income: Public Aid says,"I'm too rich for a green card, but I'm too poor to live," as one woman put it. Many older women of all income levels are greatly concerned about not being able to pay for long-term care, whether it be in-home services or nursing home care should they ever need it.

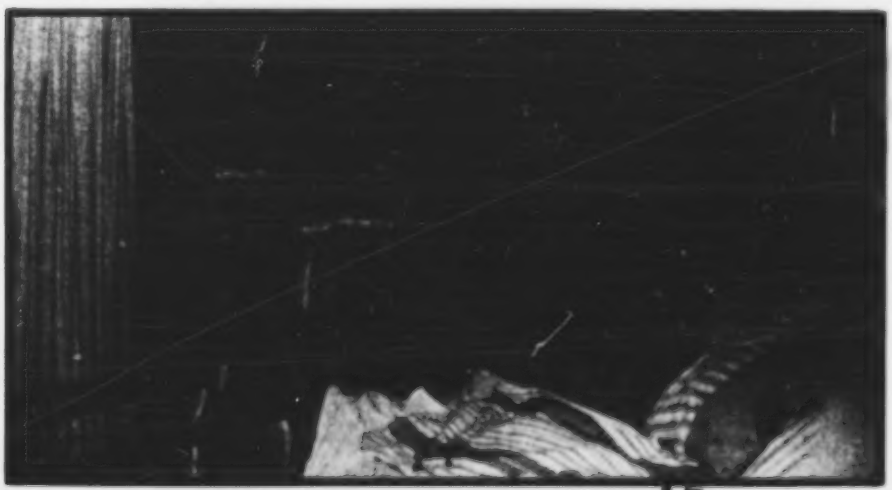
• More Older Women Need Long-Term Health Care

Long-term care is primarily a woman's issue for a number of reasons: first, because women live longer than men, their health care needs are extended; second, middle-aged women are the most likely to be the primary caregivers to the frail elderly in need of a long-term care; third, over 70 percent of nursing home residents are women; and fourth, older women are more likely to be single and live alone than men, and, therefore, lack the kind of family support that would sometimes make it possible to remain in the community.

Illinois' Community Care Program, administered by the Illinois Department on Aging, is a vanguard for the nation's in-home care programs for the elderly. The population of the elderly at most risk of institutionalization is made up mostly of older women. The need for community based care is apparent for those frail elderly who want to maintain their own living situations as long as possible. Through the Community Care Program, the Illinois Department on Aging seeks to prevent premature and unnecessary institutionalization by providing the kind of services that will maintain the elderly, mostly older women, in an independent living situation in their home as long as possible. Eighty-seven percent of Community Care clients are women averaging 79 years old.

• The Older Woman as Caregiver

A major health care concern that is often overlooked is the role of the older woman as caregiver. As stated earlier, older women are more likely than men to be caregivers



Women are more likely to be caregivers for older parents or spouses.

of spouses or parents who are victims of long-term chronic illnesses such as stroke, dementia or Alzheimer's. Data indicate that 78 percent of all caregivers were women. Caregiving is a responsibility that involves serious emotional, physical and financial strain, as well as isolation from family and friends. As an older woman testified at Granite City, "All our savings were spent on my ill husband." When he died, there was just a small union pension to supplement her modest Social Security, and that won't afford her trips to the doctor or pay for the special medicine she needs. Being old, sick and a woman is triple jeopardy for many elderly women caregivers.

• Older Women Have the Highest Incidences of Chronic Long-Term Illnesses

Because more women than men survive to old age, they are subject to greater health risks and the more likely to need public resources. According to the 1978 National Health Interview Survey, the major health characteristic of women over 65 is the greater prevalence of multiple, long-term chronic illnesses that cause limitations in lifestyle. Hearing and vision losses and other chronic physical impairments are conditions that can limit the mobility and independence of older women. However, limited sight or hearing can be a serious threat to the older woman's ability to remain in her own house, enjoy recreational activities, and maintain an independent lifestyle. Arthritis and diabetes can create serious problems with ambulation, thus restricting access to services and increasing social isolation. The prevalence of chronic conditions, however, varies by race. For example, hypertensive heart disease, heart conditions and arthritis are more frequent among elderly black women than among elderly white women. "I can't pay for medicine for chronic illness." "I'd rather die than run up another medical bill I can't pay," were comments made at the speak-outs on this topic.

The elderly are heavy users of prescription and over the counter medications. While persons who are 65 and older constitute 11 percent of the total population, they take almost 25 percent of all drugs dispensed over the counter and by prescriptions in the United States. The reason for this is that the elderly, most of whom are women, are more likely than people in other age groups to have one or more chronic illnesses, such as heart disease, high blood pressure, diabetes and arthritis. Since older women have a long life expectancy, they have the highest incidence of multiple chronic illnesses. As a result, elderly women use medications at a rate two and a half times that of elderly men.

Few of the diseases associated with aging can be treated with just one drug or by just one physician. Poor communication between older patients and their health care professionals, coupled with the fact that older patients may consult with several different doctors and pharmacists, increases the likelihood of the misuse of drugs and overmedication. The adverse efects of combining certain drugs can be even further compounded by the change of metabolic rate of older persons. Many older women at the speak-outs complained of the high cost of heart and other medications, but were unaware of the Illinois Pharmaceutical Assistance plan, which would help them with the high cost of this medication.

How do we help older women live in this real world we live in?

• Mental Health of Older Women

The mental health problems of the elderly woman is an issue that has not had adequate attention. The elderly, in general, do not receive their fair share of mental health services. Studies indicate that depression occurs in between one and three percent of older women. Because women live longer than men, they often have to deal with greater losses. With 53 percent of women over 65 being widowed, in contrast to only 16 percent of older men, women more than men must deal with the major loss of losing a spouse. As they age, they deal with parental loss, peer loss, and often loss of children and siblings.

Depression among the elderly is frequently ignored or confused with Alzheimer's disease. In depression there is a close interaction between mental and physical health, since depression can lead to further social isolation and withdrawal. It is important that older women, many of whom must go through the grieving process of losing a

spouse, have adequate opportunities for proper diagnosis. Studies have shown that self-help and mutual aid groups for older women are more effective than professional intervention when there is need for emotional support. Without good emotional support during times of depression, there can often be an inattention to basic nutrition and health care needs that only further complicate their difficulties.

Although older women are at greater risk of having multiple chronic and acute illnesses, and, therefore, in greater need of health care resources, the majority of older women are healthy and lead active lives well into very old age. They key to good health is a combination of preventive care throughout life and adequate access to health care when care is needed. A better understanding of the physical and mental factors of good health on the part of both health policy makers and older women themselves will help more women to have better mental and physical lives well into old age.

Conclusion and Recommendations

As the Task Force on the Status of Older Women in Illinois conducted its study, they found many areas where older women need help. They also called attention to the many services that are already helping older women — in many cases, services that the older woman has not discovered.

The Illinois Department on Aging, working in partnership with the state's thirteen Area Agencies on Aging, provides a number of services that are valuable to all persons over 60. Many of the services, including meals, transportation, counseling, tax assistance, information and referral, and case management, may be offered through local senior centers or other central points in the community. Older women can always go to such locations for help; it's a good starting point for those in need. Additionally, the state Circuit Breaker Tax Relief and Pharmaceutical Assistance Plan in Illinois offer tax relief, for those elderly who are financially eligible.

As stated earlier, the Illinois Department on Aging also funds one of the largest in-home care programs in the nation, called the Community Care Program. It offers in-home and adult day care services to some 25,000 frail elderly in the state, most of whom are women.

Though many services are out there, in place, and helping older women everyday, the Task Force on the Status of Older Women feels that certain gaps still exist. The recommendations which the Task Force is making offer possibilities for addressing these gaps:

Promote Information and Access to Present Services

An overwhelming need expressed at the 23 speak-outs and public hearings around the state was for more information and assistance. A number of women said to the Task Force, "Where do we go — how do we find out about the program — and how do we get there?" Others stated, "You can provide all kinds of services in the community, but if no one knows about them — what good are they?" The Task Force found that elderly women who attend senior centers often get good information, but the majority of older women who do not attend centers often lack information about how to access services which would assist them. Promotion and coordination of senior services access points in local communities and statewide should increase awareness of seniors that there is help and support out there. Phones in the homes of the rural isolated elderly are needed. The closer we bring services to those in need, the better. Coordination of assistance networks should include the toll free numbers, senior center services, workshops, state agency programs, and consumer information of various kinds. There should be plentiful and inventive use of radio and television to get the word out.

Very important is the informal assistance network — namely the children of the elderly, religious institutions, and local community and civic organizations, and women's interest and advocate groups need to have access to this information as well, since they are often the ones who finally fill out the forms and take the elderly to the services needed.

Women represent 61% of our 65 plus population.

Increase Awareness of Older Women's Issues — "To Organize, Not Agonize"

The Older Women's League has just begun to organize in Illinois, and efforts to develop additional chapters would encourage older women to "organize, not agonize" and advocate on their own behalf. Concrete ties should be developed with mainline women's groups, who, up to now, have concentrated primarily on issues relating to younger women. Reaching out to younger women as well, to develop an awareness of the connection between their working years and retirement years, will help to alleviate some of the discrimination which women now suffer economically during their older years.

Assist in Increasing Available Income to Low-Income Older Women

More older women than men live in or near poverty. In Illinois, 14 percent (102,736) women 65 years and older are in poverty, as compared to only eight percent (38,249) of older men. Seventy-three percent of all the elderly poor in Illinois are women. The face of the elderly poor is the face of an elderly woman. Illinois, however, has a low percentage of women on Supplemental Security Income, as compared with other states. Illinois should, therefore, target special and renewed outreach to areas where numbers of older women reside, who are eligible for federal Supplementary Security Income and the state Supplement Program to SSI.

There should be increased jobs slots provided for older women under the federal Older Americans Act, Senior Community Employment Program and the federal Job Training and Placement Act. There should be increased job counseling, training and placement specially tailored for the older woman.

Expand Pension Laws to be More Beneficial to Older Women in Retirement

Because older women have, on average, half the retirement income of men, the Illinois Department on Aging and the state aging network should join with the Older Women's League, religious organizations, and senior service and advocate

For many older women in Illinois old age is a test of courage.

groups in an initiative to insure that more women are supplied with specific information on the steps they need to take to assure that they will have a pension when they retire. There should be cooperation of private and public efforts to support the "VIP"— Pension reform bill in the Women's Economic Equity Act introduced in the 99th Congress. The "VIP" bill stands for vesting, integration, and portability. First, the bill shortens the maximum vesting time required by law from ten to five years. Second, it protects against integration — the practice of many private employers who subtract earned pension benefits from accrued Social Security benefits. Third, the bill makes private pensions portable, which permits the transfer of vested payments from one job to another job.

Diversify Housing Options for Older Women in Illinois

Because more women live alone than men, it is important to have a range of options for housing, so that older women can live independently as long as possible. The Illinois Department on Aging, the Illinois Housing Development Authority and the Office of Planning in the Governor's office should join in examining the link between needed services and elderly congregate housing; should work with the private sector in developing an increased and improved range of housing options, including respite housing, shared housing, echo housing, home equity programs for the low income and affordable life care communities for low and middle income elderly. They should link aging services with the funding, development and planning initiatives of the Illinois Housing Development Authority; should assist older women in low-cost ways of home maintenance; and should be attentive to special cultural needs of ethnic and minority women in housing options designed for them as they grow older.

There should be more effective promotion of: the Circuit Breaker Tax Relief Act, the Pharmaceutical Assistance Act, the Homestead Tax Exemption Act, the Senior Citizen Tax Deferred Act, the Home Equity Loan programs, home winterization programs and the new state "12 percent" Program to help with utility costs. The Reverse Mortgage Program should give more public education about its workings to the elderly home owner and the home owner's family. The Department on Aging and the network of agencies serving the elderly should cooperate and work with state and local law enforcement agencies to reduce and eliminate home repair and home insurance fraud that targets elderly women in particular.

Develop Options for Paying for Long-Term Care

Women are more likely than men to need long-term care, either in their homes, their community, or in nursing homes. The state should urge the public and

private sectors to develop options for purchase of long-term care insurance, so that families could insure themselves ahead of time, and not have to spend down all their savings in the case of long-term illness or incapacitation that may suddenly strike. Increased services offered within the Department on Aging's Community Care Program would assist more older women and men who are eligible to have their needs met.

Act on the Need for Federal and State Medical Care Programs to be More Responsive to Older Women

Because older women frequently need affordable and accessible health care for a longer period of time than men, they are especially vulnerable to increases in the cost of care and decreases in the quality of care. Advocacy groups and the state should push for the federal Medicare program to be more responsive to older women's needs. They should encourage doctors to accept Medicare assignment; should urge that Medicare coverage be broadened to include eye care, podiatry, dental care and hearing aids; and, should push for reduction of Medicare deductibles. They should also continue to support the development of innovations to the Illinois ICARE and HMO Medicaid programs for the low-income elderly, most of whom are women.

Senior citizen advocate groups, and the statewide network of public and private agencies serving the elderly, along with religious, civic and service leadership groups should join in an increased, constant effort to reduce spend down requirements in Medicaid and to hold the line on Medicare policy and practices, which foster premature discharge of the sick elderly. Recent federal proposals to limit spend down eligibility for Medicaid should be vigorously opposed as not being in the interest of older women. There must be efforts to improve mental health services for the elderly and continued efforts to expand coverage, eligibility and current information about the new Illinois Pharmaceutical Program and other legislation which is of special significance to older women.

Expand the Network of Protective Services Throughout Illinois

Present demonstration projects by the Illinois Department on Aging reveal that three-quarters of the elderly who are physically abused or financially exploited are women. The expansion of present protective services into a comprehensive, statewide Protective Services Network would assist older women in particular, as well as older men. Continued support must be given to the Department on Aging's efforts, through demonstration and careful analysis, to develop this statewide system of protective services for the elderly as planned. This system will be more effective than the limited protective services now operating.

July 1986

The Task Force on Older Women in Illinois
Sister Julia Huiskamp, Chair
East St. Louis, Illinois

"We realize that there are some relatively simple, concrete things that can be done by the private sector, state and federal government, and by the natural helping network, such as church groups or adult children of older women," said Huiskamp. "And we have tried to develop recommendations that, if accepted and if implemented, will make the lives of older women in our state happier and more secure," she said.

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